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Provincial Native Action Committee

(P.N.A.C.)

A Paper On

NATIVE ALCOHOLISM PROGRAMS

February 22, 1974

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NATIVE ALCOHOLISM PROGRAMS

The purpose of this paper is to help the Federal and Provincial Governments clarify departmental jurisdictional and funding responsibilities in regard to Native alcoholism programs and to ensure an integrated effort by all levels of government.

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NATIVE ALCOHOLISM AND ALCOHOL ABUSE

A. THE NATIVE TOLL

The Personal Price:

The life expectancy of Native alcoholic drinkers is estimated to be 30 to 40 years less than the national average.[1] The Native alcoholic person suffers a disproportionately higher number of violent deaths and diseases; accidental deaths is four times and suicides is three times that of Whites.[2]

The effect of the problem of alcoholism is not limited to the drinker alone. His family, employers and society at large are all harmed by his behavior; unhappy marriages, broken homes, desertion, divorce, impoverished families, and deprived or displaced children are part of the toll. The cost to private and public agencies for support of Native families ravaged by alcohol problems has been estimated at many millions of dollars a year. The cost in human suffering is incalculable.

Alcohol and Crime:

Native people suffer thirty times the national homocide rate[3] and 95% - 100% of these are alcohol released, which might have been unlikely or even unthinkable in their sober state.[4] Most assaults and other felonies are committed by Natives while drinking or because they need money to continue drinking.

Alcohol figures prominently in less violent Native criminal behaviors as well; drunkeness, disorderly conduct

vagrancy and impaired driving make up tens of thousands of other arrests.

Native people constitute 50% to 85% of the jail population.[5] The cost to the Canadian taxpayers for arrest, trial and maintenance in jails of these drinkers can be estimated to be in the millions of dollars each year.

The Cost to the Native Communities:

The economic and social development in Native communities suffers as a result of alcoholism. Alcoholics cannot function to their fullest ability and eventually become unemployable unless they can overcome their illness. One community had difficulty in finding enough adults to assume responsibility for running a recreation centre and handling the operating funds because of repeated instances of operators getting intoxicated at the wrong times.[6] A major proportion of private and public projects within Native communities suffer and are doomed to fail as a direct or indirect result of the behavior and physical debilitation associated with alcohol abuse and alcoholism.

The Cost to the Country:

The seemingly private act of drinking, when carried to excess, has consequences which affect and harm many beyond the individual drinker. Society as a whole pays a substantial price. An economic cost figured in terms of lost work time, health, welfare, property damage, maintenance of jails, courts, overhead costs of insurance and wage losses is

staggering. Clearly, a health problem of the magnitude outlined in this section deserves the concerted attention and efforts of individuals and organizations, both private and governmental, if it is to be overcome.

The time is long overdue.

B. THE MANDATE REQUIREMENT

The problems created by alcohol abuse and alcoholism among Native people are so vast that mandate bodies by both Federal and Provincial Governments must be created which are dedicated to servicing these areas of concern.

When discussing the mandates and funding of Native alcoholism programs, the following considerations must be given:

1. The magnitude of the problem, eg. Native alcoholism and alcohol abuse is 10 - 15 times that of the national average. Native alcoholism and alcohol abuse represents 30% - 50% of the national problem depending on the area or region. Alberta Alcoholism and Drug Abuse Commission (A.A.D.A.C.) data indicates that at least three quarters of the adult treaty Indian population of Alberta have problems associated with alcohol abuse.[6] Native people make up approximately 3% of the total Alberta population but the Native population at Edmonton Intoxication Recovery Centre[8] has constantly been approximately 20%.. The Intoxication Recovery Centre servicing Hobbema Reserve has been full to capacity since its creation on June 1, 1973.[9] Poundmakers Lodge, a one month treatment rehabilitation center in Edmonton, has been full to capacity since opening on September 1, 1973 and to date maintains a 60 person waiting list.[10] NATIVE ALCOHOLIC PERSONS WANT HELP.

2. The nature of the problem:

Alcoholism is a treatable illness from which as many as 2/3 of its victims can recover.[11] Alcoholism is an illness or disease that requires treatment through both health and rehabilitation services. Continued sobriety of clients at Poundmakers Lodge is 48%. Thirty of the 64 clients are sober to date.[12]

NATIVE ALCOHOLIC PERSONS CAN BE HELPED.

3. Public (both native and non-native) attitude is the greatest obstacle to the treatment of alcholism and related health and behavior problems. A number of myths exist in both Native and Non-Native society which make it difficult for Native alcoholic persons to seek and obtain the help they need. We tend to think of alcholism as a form of moral weakness, rather than an illness - an attitude which encourages individuals to hide their "sins" rather than admit their problems and seek treatment. In addition, many people, Native, Non-Native and medical personnel alike, still consider alcoholism to be untreatable and consider the Native person with alcohol problems to be untractable and unwilling to be helped. None of these assumptions are true.

4. There is no evidence that the Non-Native type of therapist-physician, clergyman, psychologist, or social worker will have better results than a Native therapist. Rather the reverse has proven to be more successful. The chances of a successful outcome depend more on the patient - Native patients respond better to Native programs.[13]

5. The earlier the treatment is begun, the better are the prospects for success, although some patients have been treated successfully after many years of excessive drinking. Alcoholism is a progressive illness but more often diagnosis is not made until the person is completely unable to control his drinking, has no longer an established family life, no job or has accumulated an extensive jail record.

The Alberta Native Action Committee on Alcohol and Drug Abuse has presented Honorable Marc Lalonde, Minister of National Health and Welfare, a submissions of proposals on October 18, 1973.

A single mandate arm for each of the Federal and Provincial Governments must be established to serve as the focal points and stimuli for the essential activities needed to conquer Native alcoholism. The P.N.A.C. recommends that this arm of the Federal Government be created within National Health and Welfare and Not Indian Affairs Branch.

The P.N.A.C. further recommends that NATIVE means any person of Canadian Indian ancestry and that both Federal and Provincial Governments share all costs of all alcoholism programs on a 50 - 50 basis.

C. GOAL AND OBJECTIVES FOR NATIVE ALCOHOLISM PROGRAMS

The overall goal of all Native alcoholism programming is the enhancement of new or relatively effective or efficient methods of delivery of services to the suffering alcoholic persons and family.

The goal is broken down into the following objectives:

- To provide to Native population the information, education, counselling and advocate assistance necessary to initiate and carry through effective treatment and rehabilitation.
- To provide for varied needs of Native persons and families affected by the problem of alcoholism.
- To enhance the likelihood and ease with which persons effected by alcoholism and alcohol abuse will receive appropriate medical, psychotherapeutic, social and educational and other public and voluntary service.
- To assure continuity of care for each client throughout duration of treatment and rehabilitation:
  a) by enlisting the co-operation of services provided to co-ordinate their efforts on behalf of a client.
  b) by assigning a member (s) to closely monitor the progress of each client.
  c) to ensure that the services a client needs are made available to him.
- To foster and contribute to the development of comprehensive alcoholism services and the greater utilization of these services by Native people.

The goal can be broken into broad areas of activity:

- Prevention
- Treating the Alcoholic and Problem Drinker
- Training of Staff
- Community Assistance

1. Prevention

Preventing alcohol problems and alcoholism in Native people is clearly a major public health goal, but its realization rests ultimately in private decisions and behavior of every Native person and associated Non-Native.

Prevention must be devoted to the development of innovative approaches to lessen the destructive uses of alcoholic beverages:

1) to educational efforts to encourage Native and Non-Native laymen and medical personnel working with Native people to recognize alcoholism as an illness which deserves and can respond to treatment.
2) and to dissemination of information on the effects of alcohol use and abuse which can provide a basis for more intelligent and responsible drinking practices.

When educating individuals to drink responsibly or not at all, the following considerations must be given:

- Alcoholism is an illness, children including the children of alcoholic persons should be aware that alcoholism is not necessarily a character defect and not even a direct result of drinking, but that

an alcoholic like a diabetic is a sick person who can and should be helped.

- the most influential teachers of children are the Native parents themselves.
- drunkeness does not indicate Indianness or masculinity and that these can no more be established by amount of alcohol beverages consumed than by the consumption of soup.
- responsible drinking depends in a large measure on knowing how to drink.
- agreement must be reached by all groups that drunkeness is non-INDIAN and that being drunk is not funny nor is it a solution to problems.
- it should not be essential to drink, that no pressure should be exerted by other members of our society to those who decide not to drink for spiritual, economic or any other reason.
- campaigns that stress the evils of alcoholism are unproductive.

2. Treating the Alcoholic and Problem Drinker

There are basically three main types of treatment for alcoholism:

1) Managing acute episodes of intoxication (designed to save lives and over-come the immediate toxic effects of excess alcohol).

2) Correcting the chronic health problems associated with alcoholism.

3) Altering the long-term behavior of alcoholic individuals so that destructive drinking patterns are not continued.

Numbers one and two of the above are important first steps as part of a broad program of therapy which attempts to get at the factors underlying the individual alcoholic person's drinking.

In acutely ill alcoholic persons or non-alcoholic individual who is acutely intoxicated, a hospital is considered best for preliminary treatment.

Number three of the above looks at long-lasting results which can be achieved for many patients primarily through various kinds of self-examination, counselling and guidance, in which trained native therapist works with patients -- alone or in groups -- to help them change their feelings, attitudes and behavior in the direction of a more effective way of living.

The area of treatment and rehabilitation activities must be given priority. Prevention may one day be a reality, but in the foreseeable future the victims of alcoholism and alcohol abuse(at least 3/4 of adult treaty populations and seemingly

similiar signs in the Metis populations) will be among us. These victims will require care and rehabilitation both for themselves and their families.

The Provincial Native Action Committee has quoted in its 1974-75 outline of proposals submitted Oct 18, 1973 costs for plans of seven rehabilitation centres and related activities. Alberta has been broken down into seven easily identifiable catchment areas each representing near equal populations.

3. Training:

The need for qualified Native alcoholism counsellors is rapidly becoming acute as the increasing numbers of Native alcoholic men and women seek treatment and rehabilitation.

Training in administrative positions in the alcoholism field must also be given equal consideration.

Adequate training must be provided for staff to ensure the fullfillment of the program responsibilities. Career development should be fostered through training and that which provides opportunities for advancement.

The training requirement for native counsellors will entail the development of a suitable training centre run by qualified native personnel. A sufficient number of such personnel is available, and training can be provided on a regional or country-wide basis.[14]

4. Community Assistance:

A Native community assistance Corporation, Institute, Foundation or Commission must be set up which will provide policy guidelines, technical aid, coordination, and evaluation to help community organizations and facilities provide better treatment and rehabilitation services for Native alcoholic persons.

The budget for this corporation has not been drafted up or included in the October 18, 1973 submission but is estimated for 1974-75 at $200,000.00.

This corporation is not a funding body but a society incorporated under the Societies Act to help government approved local communities, organizations and facilities develop, implement and improve comprehensive alcoholism services.

D. GUIDELINES

The following criteria has been developed tc ensure an intergrated effort by all parties concerned and to enhance native initiative:

a) Native Community initiative and native control over the administration and operation of the program and native participation (staffing) in the operation of the program must be ensured.

b) Native community and cultural values must be incorporated as part of the program.

c) Native community involvement and input in the planning and design of the program proposal must be demonstrated.

d) Program(s) will make time available for the training for staff members as part of on-going programming.

e) The endorsement of the appropriate local body which has jurisdiction within the area to be served must be sought.

f) The program must include "outreach" activities to make contact with natives needing the health services.

g) The alcoholic must have an "advocate" within the program in order to ensure continuity of care.

h) The program must be a comprehensive approach and that all existing resources will be fully utilized to ensure continuity of care.

i) To ensure a concerted effort in the delivery of services at the program level, alcoholism programs which operate administratively as part of another agency or oganization, written assurances must be provided that the following standards will be met:

1. Separate grant-related financial data and client records must be maintained with the native alcoholism program.
2. The concurrence of the director of the alcoholism program is required in the expenditure of all direct cost funds provided.
3. The concurrence of the director of the alcoholism program is required in all personnel decisions involving alcoholism program personnel.

The above mentioned criteria have been especially developed to address the "Special" factors as listed in B. MANDATES.

E. MEDICAL SERVICES

1. An alcohol consultant, NATIVE. Salary equivalent to $14,000 to $16,000 range, job description and responsibility to match that salary range as per governmental levels. The consultant will act as advisor to the Regional Director, and work closely with the Native Alcoholism Training Centre and the NATIVE Community Assistance Corporation.
2. Development of suitable advanced training and orientation on the care of alcoholics for staff physicians, nurses, attendants and administrative personnel of Indian hospitals.
3. All Community Health Workers should be provided with training in alcoholism abuse to enable them to deal more effectively with Chiefs, Band Councils and Native Counsellors in planning preventative and treatment programs. Such knowledge will equip them to understand the problem better and to place it in proper perspective vis a vis other health and social programs.[15]
4. Medical Services nurses and family health aids be given suitable training which will assist them in understanding and dealing more effectively with the problems of Native alcoholic persons.[16]
5. As a requirement for 1, 2, 3, and 4 above, emphasis must be given to co-ordinating efforts with the Native alcoholism training centre.[17]

6. Efforts must be made by Medical Services Branch to ensure staff co-operation at the local program site. This supportive-advocate role by Medical Services staff marks a major step in developing co-ordinated approaches to alcohol-related problems at all levels of government.

7. The alcoholism problem bears on mental health which will improve in direct relation to reduced drinking. Thus, money and effort expended on alcoholism yields a double return.[18]

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